360.60

Infectious Disease Control

Overview

Introduction

WIC agencies are required to provide safeguards and develop policies to reduce the risk of transmission of bloodborne pathogens and tuberculosis in the clinic environment. This policy provides requirements and guidelines for training, documentation, vaccination, testing, and policy development.

In this policy

This policy contains the following topics.

Hepatitis B and Bloodborne Pathogen Training

OSHA regulations	OSHA regulations require that employers provide training and education concerning bloodborne pathogens to all their employees who are at risk of occupational exposure.
Training schedule	Provide training during work hours at no expense to the employee. Employees must be trained during the first month of employment and at least annually thereafter.
Training session	Required topics include: • Epidemiology of bloodborne diseases, • Agency's exposure control plan and how to obtain a written copy, • Work practice controls, • Proper handling of equipment, • Hepatitis B vaccine, • Response to blood-related emergencies, • Post-exposure evaluation and follow-up, • Handling exposure, and • Questions and answers. Note: See Policy 300.10 for additional training requirements.
Document training attendance	Have employees sign a training attendance form and record completion in staff training and education records (see Policy 300.10).
Training resources	• Merck Sharpe and Dohme—free training video and literature for health professionals that give information about the hepatitis vaccine. • Video, *Universal Precautions: HIV/Hepatitis for Home Health Care Professionals*, from the National Association for Home Care, 519 C Street N.E., Washington, D.C. 20002-5809.

Continued on next page

Hepatitis B and Bloodborne Pathogen Training, Continued

Documents for file

Required documents for the agency file include:

- Occupational Exposure to Bloodborne Pathogens; Final Rule 29 CFR Part 1910.1030.
- Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, June 20, 2001 / 50(RR11); 1-42, website http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm
- Exposure Control Plan Guidance Document from the Iowa Department of Public Health.

Exposure control plan

WIC agencies must have an exposure control plan that meets all of the regulations in the Federal Register 1910.1030. This includes an exposure plan for all employees including a post-exposure reporting and follow-up procedure and the filing of incident reports for any employee that may have been exposed.

Reporting

Individuals with Hepatitis B must be reported to the Iowa Department of Public Health Hepatitis B Program at (515) 281-6493 or (800) 362-2736. Reporting of Hepatitis B is required by Iowa Code section 139A.3 and IAC 641, Chapter 1.

Hepatitis B Vaccinations

Providing vaccine

The OSHA Bloodborne Pathogens Standards require employers to provide the Hepatitis B vaccine and education at no cost to their employees who are directly exposed to bloodborne pathogens. This includes all WIC health professionals who are conducting finger sticks (RNs, LPNs, dietitians).

It is an agency decision whether or not to provide the vaccine to other WIC clinic staff since the risk of direct blood contact is much lower for these groups.

New employees

Provide new employees with information about arrangements to receive the immunization within 10 days of employment.

Dosage schedule

Nurses and other staff members at risk of occupational exposure should receive three doses of the vaccine. Follow this dosage schedule:

- Initial dose
- Second dose one month after the initial dose
- Third dose six months after the initial dose.

Required signatures

Employees who are directly exposed to bloodborne pathogens must have a signed Hepatitis B Immunization Consent or Refusal Form in their file (see sample form on page 5).

Note: If an employee leaves the agency before the vaccine series is completed, ask the employee to sign a form saying that the WIC agency is not responsible for the completion of the series. The employee should be provided with a copy of the dates of doses received to enable the employee getting the remaining doses.

Payment for vaccinations

Determine whether the employee's health insurance covers the cost of vaccinations. If not, the Hepatitis B vaccination is an allowable budget expense in the supplies category.

Note: If an employee works full-time for WIC, then WIC will pay the entire cost of the Hepatitis B vaccination. If the employee works for a variety of programs, the cost of the vaccination should be shared among the programs.

Hepatitis B Immunization Consent/Refusal

Employee name *(print)* Last four digits of Social Security number

I have been given and read information about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

Consent to Hepatitis B Vaccination

Signature of person to receive vaccine Date signed

Signature of witness Date signed

Dose #	Date of Vaccination	Lot Number	Site	Administered by
1				
2				
3				

Refusal of Hepatitis B Vaccine

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature of employee Date signed

Signature of witness Date signed

Tuberculin Risk Assessment & Testing

Introduction

Tuberculosis (TB) is a communicable disease caused by *Mycobacterium tuberculosis*, or the *tubercle bacillus*. It is spread by tiny airborne particles (droplet nuclei) expelled by a person who has infectious TB. There is the potential for *M. tuberculosis* transmission at every WIC clinic setting. Periodic risk assessments are used to develop tuberculosis control plans to reduce the risk for transmitting *M. tuberculosis*.

Definitions

A health care worker (HCW) is any paid or unpaid person working in a health care setting who has the potential for exposure to *M. tuberculosis*.

Purified protein derivative (PPD) – Tuberculin purified protein derivative (PPD) is an extract of Mycobacterium tuberculosis, the bacteria that cause tuberculosis in humans. It is used to test if a person has been exposed to tuberculin protein, either from a previous tuberculosis vaccination, or from environmental exposure.

Tuberculin test conversion - tuberculin test conversion is a change in PPD test results from negative to positive. A tuberculin skin test conversion is defined as an increase of greater than or equal to 10 mm of induration within a two-year period. A conversion within a two-year period is usually interpreted as new *M. tuberculosis* infection, which carries an increased risk for progression to active disease.

Facility TB Risk Assessment

Annually, each agency must fill out the document titled "Facility Tuberculosis (TB) Risk Assessment Tool for Health Care Settings (Iowa licensed health care facilities and hospitals) found at the following website: http://www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbRules (click on TB Risk Assessment – Hospitals and Healthcare Facilities). This form is used to determine the agency's TB risk classification.

Reported TB cases by county as reported by the Iowa Department of Public Health needed for the facility TB risk assessment can be found at the following website: http://www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbData.

Results of Facility TB Risk Assessment

After completing the Facility TB Risk Assessment form, facilities are classified as low risk, medium risk, or potential ongoing transmission. The results determine the type of serial TB screening needed which is discussed below under "Serial TB screening".

Completed forms must be filed at the local agency

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Tuberculin Risk Assessment & Testing, Continued

Baseline TB screening and testing

WIC Policy requires that all staff working in WIC clinics must receive baseline TB screening upon hire. Baseline TB screening includes:

1. Assessing for current symptoms of active TB and
2. Using a two-step TST or a single Interferon-gamma Release Assay (IGRA) to test for TB infection.

Staff may begin working with participants after a negative TB symptom screen and a negative TST (first step) or negative IGRA. The second TST may be performed after the staff member starts working with participants.

Note: The document titled "TB Sign/Symptom Screening Tool" can be used to assess for current symptoms of active TB and can be found on the following website: http://www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbRules

Positive results

An induration of 10 or more millimeters is considered positive. In facilities where the risk of exposure is very low, an induration of greater than 15mm may be considered positive for employees with no other risk factors for TB.

If a test result is positive, the nurse will refer the employee to a physician for follow-up. A medical evaluation, including a chest x-ray is needed to rule out TB disease.

Additional TB screening & testing

Most facilities in Iowa are classified as low risk. Employees in low risk facilities do not need additional TB screening or testing unless an exposure to M. tuberculosis occurs.

If a facility is classified as medium risk or potential ongoing transmission, refer to 641 IAC 155.36 – 155.38 or 481 IAC 59 found at the following website: http://www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbRules.

Testing

Nursing staff at Child Health clinics and Public health agencies are trained to give the Mantoux tuberculin skin test.

Document tests in personnel file

All Mantoux tuberculin test results must be documented in the employee's personnel file. If an employee refuses the tuberculin skin test, they must receive a sign and symptom review for pulmonary tuberculosis (TB) and a note from the doctor stating the employee is free of active pulmonary TB disease kept in their personnel file. If any signs or symptoms are present, require a chest x-ray to rule out TB disease.

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Tuberculin Risk Assessment & Testing, Continued

Payment for testing

Mantoux skin tests are paid for by the WIC agency. Follow-up and treatment evaluations are also to be offered at no cost to the employee.

Tuberculosis medication

Tuberculosis medication (for those who test positive) will be paid for by the Iowa Department of Public Health. Call the Tuberculosis Control Program at (515) 281-8636 or (515) 281-7504 for more information about this process.

Note: Do not fill the prescription and then send in the bill.

Additional Information

For additional information regarding other situations such as employees with previous positive test results, employees who have started the testing process at another place of employment, etc. refer to 641 IAC 155.36 – 155.38 or 481 IAC 59 found at the following website: http://www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbRules.

References

641 IAC 155.36 – 155.38 or 481 IAC 59 found at the following website: http://www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbRules.

OSHA CPL 2.106 Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis. February 9, 1996.

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005, CDC Morbidity and Mortality Weekly Report 2005; 54 (No.RR-17, 1-141).